

## ISSUE SHEET STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	5/1	1052	05/17/71
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/05/70
2	✓	✓	10/05/70
3	✓	✓	10/05/70
4	✓	✓	10/05/70
5	✓	✓	10/05/70
6	✓	✓	10/05/70
7	✓	✓	10/05/70
8	✓	✓	10/05/70
9	✓	✓	10/05/70
10	✓	✓	10/05/70
11	✓	✓	10/05/70
12	✓	✓	10/05/70
13	✓	✓	10/05/70
14	✓	✓	10/05/70
15	✓	✓	10/05/70
16	✓	✓	10/05/70
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28	✓	✓	10/05/70
29	✓	✓	10/05/70
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31	✓	✓	10/05/70
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43	✓	✓	10/05/70
44	✓	✓	10/05/70
45	✓	✓	10/05/70
46	✓	✓	10/05/70
47	✓	✓	10/05/70
48	✓	✓	10/05/70
49	✓	✓	10/05/70
50	✓	✓	10/05/70

Claim	Final	Original	Date
32	✓	✓	10/05/70
33	✓	✓	10/05/70
34	✓	✓	10/05/70
35	✓	✓	10/05/70
36	✓	✓	10/05/70
37	✓	✓	10/05/70
38	✓	✓	10/05/70
39	✓	✓	10/05/70
40	✓	✓	10/05/70
41	✓	✓	10/05/70
42	✓	✓	10/05/70
43	✓	✓	10/05/70
44	✓	✓	10/05/70
45	✓	✓	10/05/70
46	✓	✓	10/05/70
47	✓	✓	10/05/70
48	✓	✓	10/05/70
49	✓	✓	10/05/70
50	✓	✓	10/05/70

Claim	Final	Original	Date
101			
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If more than 150 claims or 10 actions  
staple additional sheet here

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